



Please type a plus sign inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 10/31/2002. OMB 0651-0041
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PTO/SB/21 (08-00)

1637 1693
4128/03
RECEIVED
APR 25 2003
TECH CENTER 16002900

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/086,917
		Filing Date	February 28, 2002
		First Named Inventor	Babs R. Soller
		Group Art Unit	1693
		Examiner Name	T. Strezlecka
Total Number of Pages in This Submission	1	Attorney Docket Number	102164-15

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input checked="" type="checkbox"/> Response to Restriction Requirement	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	NUTTER MCCLENNEN & FISH LLP Reza Mollaaghababa
Signature	
Date	April 18, 2003

Transmittal

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Box Non-Fee Amendment, Commissioner for Patents, Washington, DC 20231, on the date shown below

Dated: April 18, 2003

Signature: (Reza Mollaaghababa)